MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4881

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) W. (Last) Ballard

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1952

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Not known

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework domestic

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Somerset County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah Jones

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Jolan Ballard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

331X

(b) DUE TO arteriosclerosis — 12 years

(c) DUE TO Hypertension — undefined

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5 1952 to 12/26 1952, that I last saw the deceased alive on 12/26 1952 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Caldwell M.D. ADDRESS Princess Anne DATE SIGNED 12/5 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-4-53 NAME OF CEMETERY OR CREMATORY College Grove LOCATION (City, town, or county) Deen Hill (State) md

DATE REC'D BY LOCAL REGISTRAR 1/3/53 REGISTRAR'S SIGNATURE R.T. Johnson, M.D.

24. FUNERAL DIRECTOR ADDRESS William H. Jones Jr. Princess Anne, md

VS. A15

RECEIVED
JAN 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11882

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) George (Middle) (Last) Beckett

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: nov 10 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: C

11. BIRTHPLACE (State or foreign country): Chance Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John H Beckett Sr.

14. MOTHER'S MAIDEN NAME: on known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clarance Beckett Chance Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Paralysis Agitans — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1951, to Dec 19, 1952, that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Edgar G. Harrison M.D. Princess Anne Md — 12-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec 22-52 — NAME OF CEMETERY OR CREMATORY St Charles — LOCATION (City, town, or county) (State) Chance Somerset Co Md

DATE REC'D BY LOCAL REG. 12/22/52 — REGISTRAR'S SIGNATURE R. F. Johnson, M.D. — **24. FUNERAL DIRECTOR** Charles H. Ward — ADDRESS Marion Md

JT

RECEIVED
DEC 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14883
Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Marion
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural give location) R. F. D.

3. NAME OF DECEASED: (First) MARCIE (Middle) L. (Last) BURTON
4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 6, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Somerset County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney C. Ennis
14. MOTHER'S MAIDEN NAME: Rose Matthews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Lorie A. Burton--Marion R.F.D., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary disease	about 1 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis - Chronic Int.	several years
420.1 (260X)	DUE TO (c) Nephritis + Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1952, to Dec. 11, 1952, that I last saw the deceased alive on Dec. 11, 1952, and that death occurred at 11:45 PM, from the causes and on the date stated above.
SIGNATURE Guy C. Collins (Degree or title) M.D. ADDRESS Marion, Md DATE SIGNED 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Dec. 14, 1952
NAME OF CEMETERY OR CREMATORY Salem Methodist
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR 12-13-52
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 W. Main St. - Crisfield, Md.

RECEIVED
DEC 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14884

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 N. Somerset Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 124 N. Somerset Ave

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Stephens (Last) Davis

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 31, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months 1 Days 27 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Barton Stephens

14. MOTHER'S MAIDEN NAME: Sarah Wooters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Nellie Davis, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis

DUE TO

(c) Hemorrhage and Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Dec. 25, 1952 that I last saw the deceased alive on Dec. 25, 1952 and that death occurred at 6:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Sarah M. Peyton M.D. — ADDRESS Crisfield, Md — DATE SIGNED 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 29, 1952 — NAME OF CEMETERY OR CREMATORY Rumsey Ridge — LOCATION (City, town, or county) (State) Crisfield, Md

DATE REC'D BY LOCAL REGISTRAR 12/29/52 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Howard L. Covington — ADDRESS Crisfield, Md.

RECEIVED
DEC 31 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14885

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: County: Somerset — State: Maryland — City (If outside corporate limits, write RURAL and give nearest town) OR Town: Crisfield — Length of Stay in this place: Birth — Hospital or Institution or Street Address: Home

2. USUAL RESIDENCE (HOME) OF DECEASED: State: Maryland — County: Somerset — City or Town (If outside corporate limits, write RURAL and give nearest town): Crisfield — Street Address (If rural give location): 27 Kenelys Wharf

3. NAME OF DECEASED: (First) Infant (Middle) Lucille (Last) EVANS Taylor — Twin #1

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1952

5. SEX: F — 6. COLOR OR RACE: Black — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: Dec 7-1952 — 9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

2nd born Male-Alive

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Do not use retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Domestic — 11. BIRTHPLACE (State or foreign country): Crisfield Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas Evans Jr — 14. MOTHER'S MAIDEN NAME: Lauretta Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT & ADDRESS: Lauretta Taylor

William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Drowned at Birth as,

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Mother had twins this first born as she was

DUE TO (c) Baby Drowned & Baby was born on floor both Feet Up & Head Down

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mother Delivered on floor by Midwife Lynn Bobb Rd Crisfield Md

19a. DATE OF OPERATION: No — 19b. MAJOR FINDINGS OF OPERATION: No operation. — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Crisfield — (COUNTY) Somerset — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-7-1952-6 A.M. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? Drowned at Birth

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): W. H. Coulbourn M.D. — ADDRESS: Crisfield Md — DATE SIGNED: Dec 8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 8, 1952 — NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/8/52 — REGISTRAR'S SIGNATURE: Betty W. Tyler — 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, H.D.B. — ADDRESS: Crisfield Md

41V2256405

VS. A15

RECEIVED
DEC 11 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14886
Reg. Dist. No. 26 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32. Somerset Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 3 D. Somerset Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Crukshank (Last) Hill

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1952

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Sept. 29, 1892 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months 3 Days 2 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Liquidator
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt. Agency
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Charles A. Hill.
14. MOTHER'S MAIDEN NAME: Caroline Crukshank

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Dr. Thomas C. Hill, Jr. Atlanta, Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

330X
Immediate cause (a) Subarachnoid Hemorrhage — 3 mo. 1 da.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cerebral arteriosclerosis
DUE TO
(c) Aneurysm of ant. post. communicating artery

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None 1952
19b. MAJOR FINDINGS OF OPERATION: Ligation of Common Carotid artery
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1952, to Dec. 31, 1952, that I last saw the deceased alive on Dec. 31, 1952, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M. D. ADDRESS: Crisfield, Md. DATE SIGNED: Jan. 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 3, 1953 | NAME OF CEMETERY OR CREMATORY: Bunny Ridge | LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/3/53 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Harwood D. Covington ADDRESS: Crisfield Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 11887

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island.
LENGTH OF STAY (in this place) 57
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1952.

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 15, 1895

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deal Island, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Johnson

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: 219-0-7-1336

17. INFORMANT & ADDRESS: Irene Rhine, Deal Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.2

Immediate cause (a) Angina Pectoris

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 18 mths

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19th, 1952, to Dec. 20th, 1952, that I last saw the deceased alive on Dec. 19th, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Eldon G. Masterman M.D. Fair Acre Md. 12. 22. 52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/23/52

NAME OF CEMETERY OR CREMATORY: John Wesley

LOCATION (City, town, or county) (State): Deal Island, Som. Co. Md

DATE REC'D BY LOCAL REG. 12/23/52

REGISTRAR'S SIGNATURE R. F. Johnson M.D.

24. FUNERAL DIRECTOR Charles H. Ward

ADDRESS Marion Sta., Md. Box 285.

VS. A15 8-51

DEC
BUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14588

Reg. Dist. No. 268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1k 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) (Last) JONES

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 2 - 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ISAAC HANDY

14. MOTHER'S MAIDEN NAME: ELIZABETH MILBOURNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. MELISSA KING-DAUGHTER DEAL ISLAND MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

543X

Immediate cause (a) Chronic Gastritis — Interval Between Onset and Death: 18 mths

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 10th, 1950, to Dec 4th, 1952, that I last saw the deceased alive on Dec 3rd, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edson G. Marshburn — ADDRESS Tyaskin, Md. Route 1 — DATE SIGNED 12-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 7-1952 — NAME OF CEMETERY OR CREMATORY John Wesley M.E. Church — LOCATION (City, town, or county) Deal Island — (State) Md

DATE REC'D BY LOCAL REG. 12/19/52 — REGISTRAR'S SIGNATURE R. H. Pedrick

24. FUNERAL DIRECTOR Leroy Webster — ADDRESS Deal Island Md.

Lobar pneumonia one Month

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

1888

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 66 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Omar (Middle) J. (Last) Jones

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 26, 1885

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days / Hours / Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: E. Frank Jones

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs Florence M. Jones Princess Anne Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral neoplasm — INTERVAL BETWEEN ONSET AND DEATH: 6-8 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: October 1952

19b. MAJOR FINDINGS OF OPERATION: Cerebral tumor - Broca's area

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 52, to 12/8, 19 52, that I last saw the deceased alive on 12/8, 19 52, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Robert Callicott (DEGREE OR TITLE) M.D. ADDRESS Princess Anne DATE SIGNED 12/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-10-1952 — NAME OF CEMETERY OR CREMATORY Manokin Presbyterian — LOCATION (City, town, or county) Princess Anne, Maryland (State)

DATE REC'D BY LOCAL REG. 12/10/52 — REGISTRAR'S SIGNATURE R. N. Johnson, M.D.

24. FUNERAL DIRECTOR Irvin R. Wilson — ADDRESS B. Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14890

CERTIFICATE OF DEATH

Reg. Dist. No. 26.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Princess anne
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elezabeth (Middle) (Last) King

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1952

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 9-1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months 7 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer & house work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westover somerset co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Benston

14. MOTHER'S MAIDEN NAME: agnes Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John King Princess anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 mths

422

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18th, 1952, to Dec 18th, 1952, that I last saw the deceased alive on Dec. 18, 1952 and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Eldon G. Mathewman M.D. Princess Anne Md 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec 22-52

NAME OF CEMETERY OR CREMATORY Cottage Grove

LOCATION (City, town, or county) (State) Westover somerset co Md

DATE REC'D BY LOCAL REG. 12/22/52

REGISTRAR'S SIGNATURE R. S. Johnson M.D.

24. FUNERAL DIRECTOR ADDRESS Charles H Ward - Marion Md

2T

MARYLAND STATE DEPARTMENT OF HEALTH 14891

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D. 2 | LENGTH OF STAY (In this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D. 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Brown (Last) Long

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 21, 1877

9. AGE Last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Brown

14. MOTHER'S MAIDEN NAME: Sarh Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Artie Long Princess Anne Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.L. Johnson (Degree or title) M.D. Osteopathic Physician & Surgeon ADDRESS Princess Anne Md DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-23-1952 | NAME OF CEMETERY OR CREMATORY: Emmanuel Cemetery | LOCATION (City, town, or county) (State): Near Princess Anne, Md.

DATE REC'D BY LOCAL REG. 12/24/52 | REGISTRAR'S SIGNATURE R. L. Johnson, M.D. | 24. FUNERAL DIRECTOR: Levin R. Wilson ADDRESS: Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14892

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) FRANCIS (Last) MARSHALL

4. DATE OF DEATH: (Month) December (Day) 16, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 6, 1878

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto Industry

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Marshall

14. MOTHER'S MAIDEN NAME: Martha Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Mrs. Robert F. Marshall, Marion, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder - metastasis of liver + brain

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1948, to Dec. 16, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 12 (midnight), from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo. C. Coulbourn M.D.
ADDRESS Marion - Md
DATE SIGNED 12-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 18, 1952
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion, Md.

DATE REC'D BY LOCAL REGISTRAR 12-16-52
REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors
ADDRESS 531 W. Main St. - Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1 1852760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MD 3851

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mansion Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Mansion Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) K. (Last) Mills

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: July 26, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Chance, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gladdon

14. MOTHER'S MAIDEN NAME: Elizabeth Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: mr. Henry Sterling Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332X Immediate cause	(a) Myocardial failure	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Embolism	6 mos.
	DUE TO (c) arterial Sclerosis	8 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 19 52, to 12/12, 19 52, that I last saw the deceased alive on Dec. 12, 19 52, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Allen B. Wheatley M.D. (DEGREE OR TITLE) ADDRESS Princess Anne Md DATE SIGNED 12/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-14-1952

NAME OF CEMETERY OR CREMATORY Meth. Church Cemetery

LOCATION (City, town, or county) (State) Princess Anne, Maryland

DATE REC'D BY LOCAL REG. 12/13/52

REGISTRAR'S SIGNATURE R. H. Johnson M.D.

24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Maryland

DEC 17 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD.

CERTIFICATE OF DEATH

14894

Reg. Dist. No. 265-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rural Crisfield
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Broad St.

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) SIDNEY (Last) PRUITT

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 2, 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): proprietor

10b. KIND OF BUSINESS OR INDUSTRY: retail grocery

11. BIRTHPLACE (State or foreign country): Stockton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Pruitt

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ??

17. INFORMANT & ADDRESS Main St.
Clifford Byrd--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute Dil. of Heart - Shock — Interval Between Onset And Death: 8 2 hrs

DUE TO following burn -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) Erratic Myocarditis chronic — 1 year.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis - Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 19 52, to Dec. 2, 19 52, that I last saw the deceased alive on Dec. 2, 19 52, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C. Sullivan M.D. — ADDRESS: Marion - Md — DATE SIGNED: 12-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 5, 1952 — NAME OF CEMETERY OR CREMATORY: Kledge Grange Cemetery — LOCATION (City, town, or county) (State): Rockawalkin R.F.D. Md

DATE REC'D BY LOCAL REGISTRAR: 12-4-52 — REGISTRAR'S SIGNATURE: Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors
531 W. Main St. - Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14895 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
LENGTH OF STAY (in this place): 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Sharrett

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 16, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: mechanic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Sharrett

14. MOTHER'S MAIDEN NAME: Maggie Devilbiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-03-5905

17. INFORMANT & ADDRESS: Mrs. Albert Sharrett Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause — (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 or 7 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Myocarditis - Chronic Int. Nephritis, Hypertension — 3 or 4 years

DUE TO

(c) General Arteriosclerosis — 3 or 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 25, 1952, to Dec. 26, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Coulbourn M.D. — ADDRESS: Marion - Md. — DATE SIGNED: 12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 1228-1952 — NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-27-52 — REGISTRAR'S SIGNATURE: Nellie D. Payne

24. FUNERAL DIRECTOR — ADDRESS: Leon R. Wilson, Princess Anne, Md.

14896

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Rust Princess Anne.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Make Rural Princess Anne; STREET ADDRESS (If rural, give location) Route #3 Princess Anne Md

3. NAME OF DECEASED (Type or Print): (First) Beverly (Middle) (Last) Shores

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Child

8. DATE OF BIRTH: May 21 1950

9. AGE last birthday: 2 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elvin T Shores

14. MOTHER'S MAIDEN NAME: Ella Mae Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elvin T Shores Route #3 Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral pneumonia — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute laryngeal edema — Months

(c)

480X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.T. Johnson M.D. Assistant Medical Exam. ADDRESS Princess Anne Md DATE SIGNED 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/26/52 — NAME OF CEMETERY OR CREMATORY: Creek Cemetery — LOCATION (City, town, or county) (State): Creek (Rural) Princess Anne Md

DATE REC'D BY LOCAL REG. 12/26/52 — REGISTRAR'S SIGNATURE: R.T. Johnson, M.D. — 24. FUNERAL DIRECTOR — ADDRESS: James Thomson Princess Anne Md

14897

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Marion —
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Liberia Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Anna (Last) Spence

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1952

5. SEX: Fe.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1901

9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Liberia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Gerald.

14. MOTHER'S MAIDEN NAME: Jennie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Clarence Spence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Acute Dil. of Heart — coma — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertension — C. Myocarditis, C. Ent. Nephritis — General Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals ....., 19....., to Dec. 25, 1952, that I last saw the deceased alive on Dec. 23, 1952, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Jno. C. Coulson M.D. Marion Sta. Md. 12-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec. 28, 1952 — NAME OF CEMETERY OR CREMATORY Liberia — LOCATION (City, town, or county) (State) Marion Sta., Md. Somerset

DATE REC'D BY LOCAL REG. 12-26-52 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR — ADDRESS Charles H. Ward — Marion Sta., Md. P.O. Box 235.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield
LENGTH OF STAY (in this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackertown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Crisfield
STREET ADDRESS (If rural give location) Jackertown Road

3. NAME OF DECEASED: (First) Raydie (Middle) Hance (Last) Sterling

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 19 52

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Dec. 12, 1883 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months 0, Days 5 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Seafood Dealer | 10b. KIND OF BUSINESS OR INDUSTRY: Oyster | 11. BIRTHPLACE (State or foreign country): Crisfield Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John James Sterling | 14. MOTHER'S MAIDEN NAME: Cornelia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Catherine Carrington, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

Immediate cause (a) Diffuse cerebral thrombosis — Interval Between Onset And Death: 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1952 | 19b. MAJOR FINDINGS OF OPERATION: Craniotomy for decompression | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 52, to Dec. 17, 19.52, that I last saw the deceased alive on Dec. 16, 19.52, and that death occurred at 2:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Peyton M.D. | ADDRESS Crisfield Md | DATE SIGNED 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 19 1952 | NAME OF CEMETERY OR CREMATORY Janny Ridge | LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/19/52 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR Howard L. Carrington | ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

Film G149 - Item 8+9
12/24/52 - mmt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1489

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield
STREET ADDRESS (If rural give location) Lawsonia

3. NAME OF DECEASED: (Type or Print) (First) Sacker (Middle) (Last) Sterling

4. DATE OF DEATH: (Month) December (Day) 13, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 14, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Oyster shucker, Seafood

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Seth W. Sterling

14. MOTHER'S MAIDEN NAME: Mary Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-0237

17. INFORMANT & ADDRESS: Lillie Birch, Lawsonia, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Disease —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. S. Hearlbourne M.D. Crisfield Md. 12/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 15, 1952

NAME OF CEMETERY OR CREMATORY Asbury Cemetery

LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/15/52

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

RECEIVED
DEC 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14900

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Rt. # 1

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) JOHNSON (Last) WARD

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1952

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 27, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Miss Fannie Ward Rt. #1 Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Pneumonia — Interval Between Onset And Death: Many years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Senility; Bronchial Asthma — "

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1952, to 12-26, 1952, that I last saw the deceased alive on 12-23, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE A. N. Barr, (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Dec. 28, 1952 NAME OF CEMETERY OR CREMATORY Hopewell Church Cemetery LOCATION (City, town, or county) (State) Crisfield Rt. 1, Md.

DATE REC'D BY LOCAL REGISTRAR 12/28/52 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 W. Main St. - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1953
BUREAU V. S.